



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

490854

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

I.A.T.S.E. LOCAL 30 POLITICAL ACTION COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 638-3226

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

1407 E. RIVERSIDE DRIVE

5. City, State, ZIP Code

INDIANAPOLIS, IN 46202-2037

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (include district number, if any. **Not required for exploratory committee.**)

10. County of Residence

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 10/13/2012

Through: 12/31/2012

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

4,613.48

14. Cash on hand and investments January 1, current year.

4,262.33

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

12.59

363.74

15c. Add lines 15a and 15b in both columns

SUBTOTAL

12.59

363.74

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

4,626.07

4,626.07

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

3,745.14

3,745.14

17c. Add lines 17a and 17b in both columns

SUBTOTAL

27.00

27.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

853.93

853.93

19. Debts OWED BY the committee (use Schedule D)

1,200.00

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

TREASURER

Date

1/15/13

Signature of Candidate (if applicable)

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Elizabeth A. White

JAN 15 2013

FILED

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> JOHN GREGG FOR GOVERNOR 20566 E. Jericho Rd. Sandborn, IN 47578	GOVERNOR	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	10/26/12
Code <u>C</u> GLENDA SUE RITZ FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 1449 N. Pennsylvania St.	SUPERINTENDENT OF PUBLIC INSTRUCTION	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	10/26/12
Code <u>C</u> JOHN BARNES FOR STATE SENATE 7902 Willow Wind Circle INDIANAPOLIS, IN 46239	STATE SENATE, DIST. 32	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	10/26/12
Code <u>C</u> EDWARD TIMOTHY DELANEY FOR STATE SENATE 5408 N. Illinois St. Indpls, IN 46208	STATE SENATE, DIST. 30	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	10/26/12
Code <u>C</u> EDWARD O DELANEY FOR STATE REP. 3646 N. Washington Blvd. Indpls, IN 46205	STATE REP., DIST. 86	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	10/26/12
Code <u>C</u> CHRISTINA HALE FOR STATE REP. 5718 Toad Hollow Lane Indpls, IN 46220	STATE REP., DIST. 87	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	10/26/12
Code <u>C</u> DANIEL PATRICK FORESTAL FOR STATE REP. 1100 N. Layman Indpls, IN 46219	STATE REP., DIST 100	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	10/26/12
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,650.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		


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**(CFA-4 SCHEDULE B)
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> KARLEE D. MACER FOR STATE REP. 8832 Mario Creek Drive Indpls, IN 46234	STATE REP., DIST. 92	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	10/26/12
Code <u>C</u> JUSTIN MOED FOR STATE REP. 2623 Allen Avenue Indpls, IN 46203	STATE REP., DIST. 97	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	10/26/12
Code <u>C</u> INDIANA STATE SENATE DEMOCRATIC CAUCUS 115 W. Washington St. Indpls, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	10/26/12
Code <u>C</u> INDIANA HOUSE DEMOCRATS 115 W. Washington St. Indpls, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	10/26/12
Code <u>C</u> INDIANA DEMOCRATIC PARTY 115 W. Washington St. Indpls, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	10/26/12
Code <u>F</u> IATSE LOCAL 30 1407 E. RIVERSIDE DRIVE INDIANAPOLIS, IN 46202		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REIMBURSE SUPPLIES	\$245.14	\$245.14	10/26/12
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,095.14		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 3,745.14		



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(Street, number, city, state, ZIP code)</i>	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(Street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
IATSE LOCAL 30 1407 E. RIVERSIDE DRIVE INDIANAPOLIS, IN 46202		\$1,500.00	10/17/95	\$0.00	\$1,200.00
		PROMISSORY NOTE			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1,200.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 1,200.00